

HARTFORD POLICE DEPARTMENT

INTERNAL AFFAIRS DIVISION

(860) 527-7300 Extension 5504



PATRICK J. HARNETT	CITIZEN COMPLAINT		
CHIEF OF POLICE		IAD#	
		CASE#	
		CLASSIFICATION	
Complainant's Name:		DOB:	
Address:	City/Town:	Zip:	
Home Telephone:	Business Phone:	Ext.:	
Location of Incident:	Date:	Time:	
Complaint Against:			
Name:	Rank:	Badge #:	
Name:	Rank:	Badge #:	
Witness:			
Name:	Phone #:		
Address:	City/Town:	Zip:	
Name:	Phone #:		
Address:	City/Town:	Zip:	
Complaint Received By:	Rank:	Date:	

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COMPLAINT:			
4			
		7.	
Complainant Signat	ure:	-	
Witness Signature:			

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I have read (or have had read to me) the above statement consisting of pages and it is			
true to the best of my knowledge, information and belief. I fully understand that if I make a statement			
that is untrue and which is intended to mislead a law enforcement officer in the performance of his/her			
official function, I will be in violation of Section 53a-157 of the Connecticut General Statutes,			
regarding making a false statement and the Connecticut General Statues, regarding perjury.			
Witnessed: Signature:			
Witnessed:			
STATE OF CONNECTICUT			
COUNTY OF HARTFORD			
On this, the day of, 200, before me,			
the undersigned officer, personally appeared,			
known to me (or satisfactorily proven) to be the person whose name is subscribed to the within			
instrument and acknowledge that he/she executed the same for the purpose therein contained.			
In witness whereof I hereunto set my hand pursuant to Section 124 of the Connecticut General			
Statutes.			
Title			